



DEPARTMENT OF THE NAVY

OFFICE OF THE SECRETARY

WASHINGTON, D C 20350-1000

SECNAVINST 1120.12A  
OP-13

27 JUL 1989

SECNAV INSTRUCTION 1120.12A

From: Secretary of the Navy

Subj: APPOINTMENT OF REGULAR AND RESERVE OFFICERS IN THE  
MEDICAL CORPS OF THE NAVY

Ref: (a) DODDIR 1310.2 of 24 Mar 84 (NOTAL)  
(b) DODDIR 1205.14 of 24 May 74 (NOTAL)  
(c) SECNAVINST 1000.7D  
(d) DODDIR 1205.5 of 16 May 80 (NOTAL)  
(e) DODDIR 1300.4 of 2 Apr 84 (NOTAL)  
(f) Title 10, United States Code (NOTAL)  
(g) DODDIR 1320.7 of 27 Jul 81 (NOTAL)  
(h) DODDIR 1312.3 of 22 Oct 85 (NOTAL)  
(i) SECNAVINST 1210.5A  
(j) SECNAVINST 1420.1  
(k) SECNAVINST 1520.8A (NOTAL)  
(l) SECNAVINST 1520.11 (NOTAL)  
(m) SECNAVINST 7220.75B  
(n) SECNAVINST 5350.10A  
(o) Manual of Naval Officer Manpower and Personnel  
Classification, Vol I (NAVPERS 15839E)  
(p) SECNAVINST 1920.6A  
(q) SECNAVINST 5300.28A  
(r) Manual of the Medical Department (NAVMED P-117)  
(s) SECNAVINST 6401.2A  
(t) DODDIR 6025.11 of 20 May 88 (NOTAL)  
(u) SECNAVINST 1427.2A  
(v) SECNAVINST 1427.1B

Encl: (1) Credit for Advanced Education  
(2) Credit for Special Experience or Education

1. Purpose. To revise regulations governing:

a. Appointment of officers in the Medical Corps, including appointment in the Regular component under reference (a), in the Reserve component under reference (b), and in either component through interservice transfer from another service under references (c), (d) and (e);

b. Voluntary recall of officers of the Medical Corps to the active duty list; and



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c. Award of entry grade credit on appointment in the Medical Corps under Sections 533 and 5600 of reference (f), and references (e), (g), and (h).

2. Cancellation. SECNAVINST 1120.12.

3. Summary of Changes. This instruction has been extensively revised. Marginal notations of changes have been omitted, and the instruction should be read in its entirety. A summary of major changes is provided:

a. Changes guidelines on use of direct and scholarship accession programs to give better balance in use of direct accessions and shorter lead-time scholarships.

b. Expands professional qualifications criteria to include graduates of foreign medical schools who obtained graduate medical education and an established record of clinical practice in the United States.

c. Simplifies procedures for certification of professional qualifications.

d. Assigns specific responsibility for control of military and professional documentation to preclude a return to past proliferation of requirements imposed on recruiters and applicants.

e. Authorizes Deputy Chief of Naval Operations (Manpower, Personnel and Training) (DCNO(MPT)) to raise entry age standards under specified circumstances, and to further waive those standards on a case-by-case basis, to obtain authorized strength in specialties.

f. Sets maximum time standards for processing applications.

4. Applicability. This instruction applies to all individuals appointed as Regular or Reserve officers in the Medical Corps, including officers transferred from another uniformed service, Reserve officers transferred into the Regular component, Reserve officers voluntarily recalled to the active-duty list, and officers transferred from the line community or another staff corps into the Medical Corps.

a. Additional guidance on the transfer of medical officers from other uniformed services into the Medical Corps of the Navy is found in references (c), (d), and (e).

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b. Additional guidance on the transfer of Reserve Medical Corps officers into the Regular component of the Medical Corps and the transfer of Regular and Reserve officers between the line and the Medical Corps is found in reference (i).

5. **Policy.** The Department of the Navy will maintain authorized strength and grade levels established by the Secretary of the Navy in the Medical Corps and in its approved specialties by recruiting personnel required to support the annual five-year promotion plan approved under reference (j), to provide a base for an all Regular career force, and to attain authorized strength in the Reserve component to meet approved requirements for mobilization and for Medical School Liaison Officers (MSLOs).

a. Requirements for newly appointed officers on the active duty list sufficient, in conjunction with other source programs, to support an all-Regular career force will be filled by graduates of the Armed Forces Health Professions Scholarship Program (AFHPSP) under reference (k). Requirements for physicians qualified in approved primary medical and surgical specialties will be met, to the maximum extent possible, by direct procurement of qualified civilians. The Uniformed Services University of the Health Sciences (USUHS) will be used as a source of Regular, career-motivated officers and to attract candidates not drawn by the foregoing programs. Following the policy guidelines in reference (l), civilian residencies will be used to attract candidates not drawn by other programs to train in the critical and undermanned specialties.

b. Requirements for Regular officers on the active duty list in career grades that cannot be met by promotion will be supplemented by transfer of Reserve officers on the active duty list, by direct procurement of former military officers and other civilians qualified in the approved specialties, and by voluntary recall to active duty of Reserve officers qualified in the approved specialties.

c. Requirements for the Selected Reserve and Individual Ready Reserve will be filled primarily through transfer of officers from the active duty list. Requirements that cannot be met from this source and requirements in advanced grades that cannot be met by promotion will be met through direct procurement of former military officers and other civilians qualified in the approved specialties.

d. Critical specialties are those specialties required to meet the immediate patient care needs of the operating forces on deployment and during military contingency operations as defined in reference (m), specialties for which the Reserve stipend and

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loan repayment programs under sections 2172(a)(3) and 105 of reference (f), have been authorized and those which the Assistant Secretary of the Navy (Manpower and Reserve Affairs) (ASN(M&RA)) designates as critical under paragraph 7b(2). An undermanned specialty is one with a current or projected inventory which is insufficient to meet programmed authorizations. The Deputy Chief of Naval Operations (Manpower, Personnel and Training) (DCNO(MPT)) may recommend, with supporting justification, designation of medical specialties as critical specialties.

#### 6. Accession Plans

a. The Chief of Naval Operations (CNO) will establish an annual accession plan for the active duty force and for the inactive duty Reserve component which together with retention incentives will attain authorized strength in each of the primary medical and surgical specialties of the Medical Corps. There must be sufficient accessions to support the annual five-year promotion plans for the active-duty force and inactive-duty Reserve component and ensure that the promotion opportunity and flow necessary to meet authorized strength-in-grade requirements are maintained. Accession plans must support execution of Affirmative Action Plans established under reference (n).

b. In determining the proportions of accession programs used to attain and maintain specialty authorizations, both the current and projected supply and demand for physicians in each of the approved medical and surgical specialties shall be considered. To maintain cost effectiveness, lower cost programs, taking account of continuation rates, will be used in preference to more expensive programs. To ensure flexibility in adjusting to changes in the market and in specialty requirements maximum use will be made of shorter lead time programs. Reasonable career progression opportunities for the authorized strength of general medical officers shall be maintained.

7. Basic Qualifications. To be eligible for appointment as a Medical Corps officer in either the active duty force or inactive duty Reserve component, or for voluntary recall from the inactive duty Reserve component to the active duty list, the applicant must meet the following requirements:

a. Citizenship. Must be a citizen of the United States. When a manning shortfall cannot be filled by recruiting candidates who meet citizenship requirements, the CNO may propose procurement in the Naval Reserve of non-citizen physicians who have been lawfully admitted to the United States for permanent residence under the Immigration and Nationality Act (8 USC 1101,

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et. seq.). This exception may be authorized for specified medical or surgical specialties for a specified period of time.

b. Entry Age. Entry age eligibility criteria are established to meet four goals: (1) attain the DOPMA objective of an all-Regular career force; (2) provide the maximum pool of Reserve officers eligible for Regular service; (3) maintain an officer corps young enough and vigorous enough to meet the more arduous duty requirements, such as duty at sea and in arduous locations; and (4) define a recruiting pool large enough to meet accession requirements. The basic entry age standard for appointment in the active duty force and inactive duty Reserve component of the Medical Corps is that the applicant be able to attain 20 years of continuous active service by age 60.

(1) Active Force. DNCO(MPT), may raise the entry age standard up to 20 years by age 64 for a specified period when a manning shortfall exists against authorized strength in a primary specialty authorized by the CNO in reference (o) for which there are programmed authorizations that cannot be filled by the use of authorized bonuses; in-zone promotions in the annual five year promotion plan; recruiting of civilian candidates and voluntary recall of Reserve officers who meet the basic age requirement; and continuation of officers on the active-duty list beyond statutory retirement age under reference (p). DNCO(MPT) will advise the ASN(M&RA) in advance of the period of such increase and the specialties designated under these criteria.

(2) Reserve Component. DNCO(MPT), may raise the entry age standard up to 20 years by age 64 for a specified period when a manning shortfall exists against authorized strength in a primary specialty, authorized by the CNO in reference (o), for which there are programmed authorizations in the Selected Reserve that cannot be filled by the use of authorized bonuses; loan repayment, scholarship and stipend incentives; in-zone promotions in the annual five year promotion plan; recruiting of civilian candidates and affiliation of separating active-duty list officers who meet the basic age requirements; and continuation of members of the Selective Reserve beyond statutory retirement age under reference (p). DNCO(MPT) will advise the ASN(M&RA), in advance of the period of such increase and the specialties designated under these criteria. As provided in Section 591(e) of reference (f) ASN(M&RA) shall additionally set a maximum entry age standard of 47 years for health care specialties which he determines, considering the recommendations and supporting justification of the DCNO(MPT), to be specialties critically needed in wartime. Critical specialties for the

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purpose of Reserve Component accession management are those medical corps specialties which are:

(a) At least 20 percent below authorized strength, or

(b) Otherwise significantly understrength, in the Selected Reserve and

(c) For which full use of the sources described above are projected to be unable to correct shortages within three years.

(3) **Active Solicitation for Continuation.** To minimize reliance on advanced age appointments the CNO shall include a program to actively solicit officers in understrength health care specialties in the active force and in the Reserve component for continuation beyond statutory separation or retirement under reference (o) as part of the annual program to fill shortages.

(4) **Age Limit Waivers.** DCNO(MPT) may further waive the age limits on a case-by-case basis to reduce manning shortages, when extraordinary circumstances indicate the waiver would be in the best interest of the naval service, or when a gross inequity to the applicant would otherwise result.

c. **Applicant Acknowledgment of Age Limitations.** Before appointment, applicants who will be unable to complete 20 years of active commissioned service by age 60 will be required to acknowledge in writing that they are ineligible for Regular appointment. Before appointment, applicants who may be unable to complete 20 years of creditable service for retirement shall acknowledge the same in writing.

d. **Record of Age Waivers Authorized.** The Commander, Navy Recruiting Command, acting for the DCNO(MPT), shall maintain on file written justification for each waiver granted. Age waivers will be reported annually to the Assistant Secretary of the Navy (Manpower and Reserve Affairs) (ASN(M&RA)) under guidance provided in paragraph 13.

e. **Moral Character.** Must be of good moral character and of unquestioned loyalty to the United States as determined by interview and investigation. As prescribed in reference (q), no person who is drug or alcohol dependent, who abuses drugs or alcohol, whose pre-service abuse of drugs and/or alcohol indicates a proclivity to continue abuse in the service, or who has a record of any drug trafficking offenses shall be permitted to enter the Medical Corps.

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f. **Physical Standards.** Must meet the physical standards for service on active duty established by the Director, Naval Medicine, as approved by the CNO, in reference (r). DCNO(MPT), upon the recommendation of the Director, Naval Medicine, may grant waivers for physical defects that will not interfere with performance of active duty within the guidelines of reference (r).

g. **Availability for Mobilization.** Appointments in the inactive duty reserve component are predicated upon mobilization requirements and the applicant's availability for mobilization. Members of Congress, federal political appointees, elected state and local government officials, and federal career senior executive service (SES) employees may not be tendered an original direct appointment without prior approval of the Secretary of the Navy.

8. **Professional Qualifications.** To be eligible for appointment in the Medical Corps or for voluntary recall of a reserve officer to active duty, the applicant must meet the following minimum professional criteria:

a. **Physician (Doctor of Medicine).** Must be a graduate of a medical school in the United States, Canada, or Puerto Rico approved by the Liaison Committee on Medical Education of the American Medical Association and be licensed to practice medicine or surgery in a state or the District of Columbia, except as noted in paragraph 4e of reference (s). Applicants for appointment to the active-duty list must have completed at least 12 months of first-year graduate medical education subsequent to graduation unless applying for GME1 (internship) in the Navy. Recent graduates of the Uniformed Services University of the Health Sciences (USUHS) or the Armed Forces Health Professions Scholarship Program (AFHPSP) and applicants for appointment in the Reserve component may be appointed during their first year of graduate medical education (GME1) and prior to acquiring a license. Officers who fail to complete satisfactorily their first year of graduate medical education shall be reappointed in a different competitive category to complete any incurred active-duty obligation. ASN(M&RA) may relieve an officer of incurred active duty obligation, considering the recommendations and supporting justifications of the DCNO(MPT), when such action would be in the best interest of the Navy. Officers with no incurred active-duty obligation and officers for whom active-duty obligation has been waived shall be separated for cause under reference (p).

b. **Physician (Doctor of Osteopathy).** Must be a graduate of a college of osteopathy whose graduates are eligible to be

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licensed to practice medicine or surgery in a majority of the states; be licensed to practice medicine, surgery, or osteopathy in a state or in the District of Columbia, except as noted in paragraph 4e of reference (s); have completed a minimum of three years of college work prior to entrance into a college of osteopathy and a four-year academic course or a three-year equivalent with a degree of Doctor of Osteopathy from a college of osteopathy approved by the American Osteopathic Association. Applicants for appointment to the active-duty list must have completed at least 12 months of first-year graduate medical education subsequent to graduation unless applying for GMEI (internship) in the Navy. Recent graduates of the Armed Forces Health Professions Scholarship Program and applicants for appointment in the Reserve component may be appointed during their first year of graduate medical education and prior to acquiring a license. Officers who fail to complete satisfactorily the first year of graduate medical education shall be reappointed in a different competitive category to complete any incurred active-duty obligation. The ASN(M&RA) may relieve an officer of incurred active-duty obligation, considering the recommendations and supporting justification of the DCNO(MPT), when such action would be in the best interest of the Navy. Officers with no incurred active-duty obligation, and officers for whom active-duty obligation has been waived shall be separated for cause under reference (p).

**c. Physician Graduates of Foreign Medical Schools.**

Practicing physicians in medical and surgical specialties who obtained their medical degree from a medical school other than those specified in paragraph 8a must meet the following requirements:

(1) Be certified by an American Board in the medical or surgical specialty for which being considered for appointment, or be board eligible and subsequently complete certification within one year of commissioning. Officers who fail to attain certification shall be separated for cause under reference (p).

(2) Complete graduate medical education (GME) in the United States, Canada, or Puerto Rico in programs approved by an American Specialty Board and creditable under paragraph 10 below.

(3) Be licensed to practice medicine or surgery in a state or the District of Columbia.

(4) Be a physician in good standing and currently engaged in clinical practice of the specialty for which being considered.



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(5) Have experience as a practicing physician in the specialty subsequent to GME, and creditable under paragraph 10, sufficient to permit assessment of clinical proficiency. A minimum of two years is required.

(6) Pass either the Foreign Medical Graduate Examination of the Medical Sciences (FMGEMS) or the previous certifying examination of the Educational Commission on Foreign Medical Graduates (ECFMG). Applicants who meet this criterion will be given entry grade credit for the initial professional degree under paragraph 10.

(7) Demonstrate written and spoken proficiency in the English language in an interview with a Navy physician.

d. **Entry Level Appointment of Graduates of Foreign Medical Schools.** When authorized appointment sources cannot supply the required number of entry level accessions qualified under the criteria in paragraphs 8a and 8b, the DCNO(MPT) may authorize procurement of graduates of foreign medical schools who are certified by the Surgeon General to be professionally acceptable. DCNO(MPT) may authorize this exception for specified medical or surgical specialties for a specified period of time. DCNO(MPT) shall notify ASN(M&RA) of such authorization in advance.

e. **Indoctrination Requirements.** Officers appointed directly to the active duty list must complete an officer indoctrination training course by the end of their first year. Officers appointed directly into the Reserve Component must complete a reserve officer indoctrination training course during their first year.

f. **Failure to Complete Initial Training Requirements.** Officers who fail to complete officer indoctrination requirements shall be separated for cause under reference (p). Officers who fail to complete satisfactorily their first year of graduate medical education may be reappointed in a different competitive category to complete any incurred active-duty obligation. ASN(M&RA), considering the recommendations and supporting justifications of the DCNO(MPT), may waive the service obligation when such action would be in the best interest of Navy. Officers with no incurred active-duty obligation and officers for whom active-duty obligation has been waived shall be separated for cause under reference (p).

9. **Examination of Professional Qualifications.** The Surgeon General shall review the credentials and examine the professional qualifications of all applicants for appointment in the Medical Corps or for voluntary recall of a reserve officer to active

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duty. When the Surgeon General designates a flag officer as Special Advisor for Medical Corps matters to perform on his behalf the duties of principal advisor and sponsor on matters concerning Medical Corps officers, he may delegate this duty to the Special Advisor for Medical Corps matters.

a. **Direct Appointments.** The Surgeon General or flag delegee shall examine and certify the professional qualifications of all applicants, and the completeness and authenticity of the entering Individual Credentials File.

b. **Voluntary Recall.** Reserve and retired officers to be voluntarily recalled to active duty must be doctors in good standing, currently engaged in medical practice, have current board certification in the medical or surgical specialty for which recalled and provide documentation necessary to recertify professional qualifications as indicated in reference (t). The Surgeon General or his delegee shall recertify professional qualifications specified for appointment in paragraph 9c. Recalled officers will be recalled in the rank held as a Reserve and will not have entry grade recomputed.

c. **Professional Review Procedure**

(1) The Surgeon General shall appoint a Medical Corps Professional Review Board (PRB) to examine the professional qualifications of all applicants. The Board shall be composed of senior Medical Corps officers on the active-duty list. Applicants' records shall be reviewed by at least three but not more than five Board members. The senior member of the Board shall be in the grade of captain or above. When considering applicants for classification in one of the specialties, the Board shall confer with an officer designated by the Surgeon General as the medical or surgical specialty advisor when readily available. When the specialty advisor is not readily available, the PRB shall confer with another physician certified in practice of the specialty being considered.

(2) The Board may require an applicant to demonstrate his or her professional qualifications by written, oral, or practical examination. The Board will review the applicant's credentials, including academic performance, post-graduate medical training, professional and managerial experience, professional recognition such as membership in professional societies and authorship of professional publications, professional reputation, current experience in a primary specialty, and level of certification/licensure. This review must be completed, based on the abbreviated documentation requirements specified under

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paragraph 15g, before recommending qualifications for appointment or recall and entry grade credit to be awarded on appointment.

(3) The Board shall recommend to the Surgeon General, or his flag delegee, which specific qualifications of the Table in paragraph 10 are met; recommend entry grade credit for those qualifications; state the degree to which documented supervisory and managerial experience qualifies applicants for appointment in grades 05 and above for assignment to specific classes of command, executive and administrative billets in those grades; provide an evaluation of the quality and desirability of the candidate based on his/her professional qualifications and experience in the medical or surgical specialty for which being considered and confirm the authenticity of the documents comprising the entering professional credentials file. The Board shall make its report directly to the Surgeon General, or his delegee, without intervening endorsements or clearances.

(4) The Surgeon General, or his flag delegee, shall make his certification directly to DCNO(MPT), or his delegee, without intervening endorsements or clearances.

(5) Once the Surgeon General has certified the applicant's professional qualifications, the DCNO(MPT) shall determine whether the applicant is otherwise qualified for a commission as a medical officer in the primary medical or surgical specialty for which designated. The DCNO(MPT) may delegate this authority to Commander, Navy Recruiting Command (CNRC) with appropriate guidelines. Except as provided in paragraph 15f, no applicant shall be appointed as a Medical Corps officer without these determinations.

10. Entry Grade Credit. Entry grade and date of rank upon appointment in the Medical Corps shall be determined by the number of years of entry grade credit awarded for prior active-duty commissioned service, for commissioned service in an active status in an inactive-duty reserve component as required by Section 5600 of reference (f), and for advanced education, training, and professional experience. Service shall be credited subject to the computation and maximum credit criteria in paragraphs 11 and 12 and as specified in the following table:

#### Entry Grade Credit Table

| <u>Qualification</u>   | <u>Credit</u>        |
|--|----------------------|
| 1. Service as a Medical Officer on active duty or in an active status in the Reserve | 1 year for each year |

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of any of the Uniformed Services, including the Commissioned Service of the U. S. Public Health Service.

2. Commissioned service in any of the Uniformed Services on active duty or in an active status in the Reserve other than as a Medical Officer or as a Medical Officer candidate. 1/2 year for each year
3. Initial MD or DO degree awarded under criteria in paragraph 8. 4 years
4. Successful completion of first-year graduate medical education (formerly referred to as internship). 1 year
5. Graduate medical education towards American Board Specialty Certification. To be credited, the education must have occurred after the graduate medical education in qualification 4 above, be in a medical or surgical specialty authorized by the CNO in part E of reference (c) and to which the applicant will be assigned, and be creditable toward certification by an American specialty board or certification equivalence awarded by the Director, Naval Medicine. 1 year for each year (or school year)
6. Advanced degrees, in addition to specialty and subspecialty training in qualification 3 through 5. The degree must be in a field listed in enclosure (1) that contributes directly to performance in the primary medical or surgical specialty to which the applicant will be appointed. Credit may be given for only one degree in a single field. Credit for the degree shall be based on full-time equivalent education but not more than two years for a master's degree or three years for a doctorate degree. Credit for a master's degree may not be added to credit for the doctorate degree. Credit shall not be awarded for a degree earned concurrently with the primary credential (i.e., MD or DO). A period of time shall be counted only once. 1 year for each year (or school year) limited by level of degree earned

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7. Experience as a practicing physician after graduation from medical or osteopathic school. No credit may be given for practice outside the United States, District of Columbia, Puerto Rico, or Canada except when the Director, Naval Medicine certifies the level of clinical practice in a given primary medical or surgical specialty to be equivalent to practice in that specialty in the United States. 1/2 year for each year of experience up to a maximum of 3 years credit
8. Special experience or education related to a primary medical or surgical specialty which uniquely distinguishes the applicant's qualifications from the normal level of qualification required for appointment as an officer fully trained and board-eligible in that specialty. Types of special experience or education for which credit may be granted are listed in enclosure (2). Maximum credit for experience as a practicing physician under qualification 7 above must be granted before awarding credit under this paragraph. 1 year for each year of special experience or education
11. Computation of Entry Grade Credit. Entry grade credit shall be computed as follows:
- a. A period of time or special qualification shall be counted only once.
- b. Qualifying periods of less than one full year shall be proportionately credited to the nearest day except where noted otherwise.
- c. Credit will not be awarded for prior active commissioned service as a warrant officer.
- d. Graduates of the service academies will not be awarded credit for any service performed or education, training, or experience obtained before graduation from the academy.
- e. Credit will not be awarded for graduate education under paragraphs 4 through 6 of the Entry Grade Credit Table for periods during which the applicant served as a commissioned officer. Credit for such service shall be awarded under paragraph 1 or 2 of the Entry Grade Credit Table.

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12. **Maximum Entry Grade Credit.** Total entry grade credit granted shall be limited to 15 years. ASN(M&RA), considering the recommendations of the DCNO(MPT), may waive this limit in the following circumstances:

a. **For accession to the active-duty list.** When there is a shortage against authorized strength in the primary medical or surgical specialty for which the applicant is being considered which cannot be met by:

(1) accessions from Defense and Navy education programs and direct procurement of qualified physicians in grades lieutenant commander or below,

(2) voluntary recall to active duty of qualified reserve officers,

(3) continuation of officers subject to mandatory retirement for service under reference (p), and

(4) in-zone promotion under the five-year promotion plan approved by the Secretary.

b. **For appointment in the inactive duty Reserve component.** When there is a shortage against authorized strength in the primary medical or surgical specialty for which the applicant is being considered which cannot be met by:

(1) transfer of officers from the active-duty list;

(2) direct procurement of qualified physicians in grades of lieutenant commander or below; and

(3) in-zone promotion under the five-year promotion plan approved by the Secretary.

c. **Medical School Liaison Officer.** When required to fill an authorized Medical School Liaison Officer billet:

(1) officers granted entry grade credit in excess of 15 years under this subparagraph must be qualified for mobilization in a primary medical or surgical specialty; and

(2) must acknowledge in writing that they may be mobilized in a national emergency if required to meet the needs of the naval service.

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d. When a gross inequity to the applicant would otherwise result.

13. Report of Waivers. As required by reference (g), the DCNO (MPT) shall provide, by 15 November, an annual summary report for ASN(M&RA) to send to the Assistant Secretary of Defense (Health Affairs) of grade waivers granted during the fiscal year just concluded. The report will include a copy of the written justification for each waiver granted. Symbol DD-HA(A)1420(1120) (medical) applies. This report will be supplemented for the ASN(M&RA) to show entry age increases, age waivers and grade waivers for appointments on the active-duty list and in the inactive-duty reserve component in each primary medical or surgical specialty and grade, with an assessment of the effectiveness of such increases and waivers in attaining accession plan goals. The entry age waiver reports will be expanded to distinguish the advanced age appointments attained under the age 47 standard for critical specialties in section 591(e) of reference (f). Symbol OPNAV 1120-3 applies.

14. Appointments. Appointments in the Medical Corps shall be made subject to the following guidance governing entry grade, date of rank, precedence, and application processing. Entry grade and date of rank of medical officers transferred from other uniformed services into the Medical Corps of the Navy shall be determined under references (d) and (e).

a. Entry grade. The grade in which Medical Corps officers are appointed shall be determined from the following table, using the total entry grade credit awarded under paragraph 10:

| <u>Authorized<br/>Entry Grade</u> | <u>Minimum Years of<br/>Entry Grade Credit</u> |
|-----------------------------------|--|
| LT                                | 4  |
| LCDR                              | 10   |
| CDR*                              | 16   |
| CAPT*                             | 22   |

\*Only as authorized in paragraph 12.

b. Date of rank. When the minimum entry grade credit for a given grade is granted, the date of rank shall be the date of appointment. When entry grade credit is granted in excess of the minimum entry grade credit for a given grade, but less than the minimum for the next higher grade, the excess credit shall be used to adjust the date of rank within the grade. The excess entry grade credit shall be compared with the time-in-grade of Medical Corps officers on the active-duty list in the same grade.

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The date of rank upon appointment shall be the same as that of the Medical Corps officer on the active-duty list in the same grade with time-in-grade most equal to, but not less than, the appointee's excess entry grade credit.

c. Assignment of precedence. Each appointee will be placed on the active-duty list or assigned a running mate as follows:

(1) Appointees ordered to active duty or retained on active duty (other than Reserve officers on active duty for special work as described in Section 641(1) of reference (f)) incident to appointment shall be placed on the active-duty list per reference (u).

(2) Appointees whose placement on the active-duty list would render them eligible for consideration by an active-duty promotion selection board within one year of entering on active duty shall be informed that their eligibility for consideration for promotion will be deferred under reference (j), unless they specifically request consideration. The appointee may waive this deferment and request consideration for the promotion, in writing to Commander, Naval Military Personnel Command (NMPC-22), Navy Department, Washington, DC 20370-5220. The request must be received by NMPC-22 no later than the convening date of the board. If NMPC-22 receives a timely written waiver request from an officer otherwise eligible for consideration, that officer's records shall be placed before the selection board for consideration. Once waived, deferment will not be reinstated.

(3) Appointees not concurrently ordered to or retained on active duty (other than active duty for special work described in Section 641(1) of reference (f)) shall be assigned a running mate on the active-duty list and placed on the inactive-duty precedence list in an active status under reference (v).

## 15. Application Processing

a. Completed applications for appointment and immediate service on the active-duty list shall be submitted to the Commander, Naval Recruiting Command (CNRC) within 45 days from the date the applicant signs the application for commission.

b. Applicants accepted for appointment to the active-duty force in grades lieutenant commander and below shall be issued commissioning documents within 90 days of the date the applicant signs the application for commission.

c. U. S. citizen applicants selected for appointment to the inactive-duty reserve component in grades below commander will be



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issued commissioning documents within 30 days of the date the applicant signs the application for commission under the interim appointment procedures in paragraph 15f below.

d. Executive nominations for qualified applicants accepted for appointment in grades commander and above shall be submitted to the Senate for confirmation within 90 days of the date the applicant signs the application for commission.

e. Prospective appointees awaiting authorization for appointment in grades commander and above may be appointed in a grade of lieutenant commander pending approval of the higher grade. Officers who accept appointments in the lower grade may at their option be voluntarily separated under reference (p) if the grade for which nominated is not approved. Officers appointed pending approval of nomination for a higher grade are eligible for pay and allowances of a lieutenant commander, including special pays and bonuses. However, the appointee must acknowledge in writing that unearned portions of special pays and bonuses will be recouped on a prorata basis if he/she elects not to accept an active duty appointment when the nomination for the advanced grade is not approved.

f. Physicians applying for direct appointment in the Reserve component who are graduates of medical schools specified in paragraphs 8a and b may be given an interim appointment in grades below commander pending final approval of their application. Interim appointment will be as a Prospective Medical Corps Officer (19XX) and based upon an approved physical examination and submission of the minimum required professional documentation prescribed by DCNO(MPT). Subsequent to final certification of professional qualifications by the Surgeon General or his delegee, completion of the remaining documentation, and final selection by the DCNO(MPT) or his delegee, any required adjustments to entry grade credit will be made and the appointee issued a superseding appointment as a Medical Corps Officer (2105). If full application processing reveals any disqualifying information the officer shall be discharged under reference (p), without prejudice against future application when fully qualified.

g. To facilitate rapid application processing, the DCNO(MPT) will establish and maintain sole control of all military and professional medical documentation to be required for application for active-duty force and inactive-duty Reserve component appointments in the Medical Corps. The documentation requirements must balance the need for:

(1) Rapid evaluation and selection,

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- (2) Thorough quality assurance,
- (3) Speed and convenience of execution for the applicant, with maximum recruiter support, and
- (4) Ease of assembly and submission by recruiters, and
- (5) shall include an abbreviated documentation list for direct accessions and voluntary recalls who have been recently separated.

h. The professional credential documents prescribed under paragraph 15g above must be obtained from the issuing source or validated for authenticity through contact with the issuing source or a secondary source approved by the Surgeon General to meet the requirements of reference (t). The credentialing documents are to be assembled in an entering individual credentials file for use by subsequent duty stations for credentials review and clinical privileging without further need for verification.

i. COMNAVCRUITCOM shall notify DCNO(MPT) and (ASN(M&RA)) when "high visibility" candidates are being considered for direct appointment in the inactive-duty reserve component. Such candidates include high-name-recognition individuals not connected with the government and non-SES government officials who occupy positions of significant responsibility.

j. DCNO(MPT) shall include in the recruiting reports required by paragraph 13, a report of performance against the maximum time standards established in this paragraph including an evaluation of problem identified and corrective actions taken.

## 16. Responsibilities

a. The Assistant Secretary of the Navy (Manpower and Reserve Affairs) is responsible for ensuring successful execution of the policy and program guidance in this instruction.

b. The Chief of Naval Operations is responsible for:

(1) Procurement and appointment of Medical Corps officers in compliance with this instruction.

(2) Establishing the annual accession plan for the active duty force and the inactive-duty Reserve component and plans for temporary authorization to appoint foreign medical school graduates.

c. The Deputy Chief of Naval Operations (Manpower, Personnel and Training):

(1) Will approve entry grade credit, establish entry grades and dates of rank of Medical Corps officers in compliance with the guidelines in this instruction.

(2) May propose changes in the policies governed by reference (g) for submission by the ASN(M&RA) to the Assistant Secretary of Defense (Health Affairs).

(3) Will ensure that all direct accession applications are processed within the maximum time standards in this instruction.

d. The Surgeon General shall:

(1) Certify professional qualifications and provide the calculation of entry grade credit based on these qualifications to the DCNO(MPT).

(2) Establish the Professional Review Board.

e. The Commander, Navy Recruiting Command shall:

(1) Determine grade and date of rank based on calculations provided by the Surgeon General, subject to approval of the DCNO(MPT), in compliance with the guidelines in this instruction.


(2) Maintain statistical data required for preparation of summary reports for the Assistant Secretary of the Navy (Manpower and Reserve Affairs) and for special reports when required by the Assistant Secretary of Defense (Health Affairs). Symbol DD-HA 1420(1120)(medical) applies.

(3) Prepare for the DCNO(MPT) the annual summary report and supplementary information required by reference (g) and paragraphs 13v and 15i of this instruction.

17. **Report.** The reporting and record-keeping requirements prescribed in paragraphs 13 and 15j are assigned Symbol DD-HA(A)1420(1120)(medical). The supplemental reporting requirements in paragraphs 13 and 15i are assigned symbol OPNAV 1120-3 and is approved for three years from the date of this instruction. The Professional Qualification Board reports required by

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paragraph 9c, paragraph are exempt from reports control under SECNAVINST 5214.2B.

  
**KENNETH P. BERGQUIST**  
Assistant Secretary of the Navy  
(Manpower and Reserve Affairs)

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**CREDIT FOR ADVANCED EDUCATION**

Credit for advanced education may be awarded for master's or doctorate degrees in the following fields when the degree contributes directly to performance in the primary medical or surgical specialty to which the applicant will be assigned. Credit is applied in qualification 6 of the Entry Grade Credit Table in paragraph 10.

- Medical Laboratory Sciences
- Bacteriology
- Biochemistry
- Parasitology
- Immunology
- Clinical Laboratory Science
- Physiology
- Virology
- Microbiology
- Medical Entomology
- Nuclear Medical Science
- Anatomy
- Public Health (excluding administration)
- Environmental Health
- Basic Science
- Education (medical-related sciences)
- Pharmacology
- Dentistry

The ASN(M&RA) may authorize credit for advanced education in fields not listed above on a case-by-case basis, when the degree contributes directly toward meeting a requirement approved by the CNO and identified by a medical or surgical specialty classification code in Part E of reference (o). The ASN(M&RA) will consider the recommendations and supporting justification of the DCNO(MPT) in making such authorization.

Enclosure (1)

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CREDIT FOR SPECIAL EXPERIENCE OR EDUCATION

In unusual cases, credit may be awarded for special experience or education directly related to a primary medical or surgical specialty which uniquely distinguishes the applicant's qualifications from the normal level of qualification required for appointment as an officer fully trained and board-eligible in that specialty. Such credit may be awarded on a case-by-case basis with the approval of the ASN(M&RA) based on the recommendations and supporting justification of the DCNO(MPT). Types of special experience which may be considered include:

Teaching experience in the primary medical or surgical specialty.

Other experience serving in an academic appointment in the primary medical or surgical specialty.

Professional experience in an advanced subspecialty contributing directly to performance in the primary medical or surgical specialty.

Experience as a board-certified specialist in a second primary medical or surgical specialty.

Graduate medical education in a medical or surgical specialty other than that specialty to which the officer will be assigned. The specialty must be authorized by the CNO and identified by a medical or surgical specialty in Part E of reference (o).

Extensive experience as a practicing physician after board certification in the primary medical or surgical specialty to which the applicant will be appointed, and after any creditable commissioned service as a medical officer. Such experience may be credited as special experience only when the applicant is not credited with any other special experience or education. The maximum credit which may be granted as extensive experience practicing the specialty is that amount which would qualify the applicant for appointment in the grade next above that grade supported by credit granted under qualifications 1 through 7 of the Entry Grade Credit Table in paragraph 10, but not to qualify the applicant for appointment in grade 0-6.

Enclosure (2)